



415 Hepplewhite Dr.
Johns Creek, GA 30022
770-649-1886 / fax 770-645-6545
www.bodamer.com

Received & Inspected

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

JUL 01 2015

FCC Mail Room

July 1, 2015

Re: Confidential Financial Information Subject to Protective Order in WC Docket Nos. 14-58, 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Before the Federal Communications Commission
ETC Annual Report of The New Knoxville Telephone Company

Dear Secretary Dortch:

On behalf of The New Knoxville Telephone Company, attached are confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. The New Knoxville Telephone Company seeks confidential treatment under Protective Order for section 54.313(f)(2) financial and network information.

As specified in the Protective Order issued on June 17, 2015 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION"

Sincerely,

DO NOT FILE COPY ORIGINAL

Eileen M Bodamer, Consultant to The New Knoxville Telephone Company

Enc.

cc: Charles Tyler, Telecommunications Access Policy Division

No. of Copies rec'd
List ABCDE

011

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0896/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	300639	Received & Inspected
<015> Study Area Name	THE NEW KNOXVILLE	
<020> Program Year	2016	JUL 01 2015
<030> Contact Name: Person USAC should contact with questions about this data	Eileen Bodamer	
<035> Contact Telephone Number: Number of the person identified in data line <030>	7706491886 ext.	FCC Mail Room
<039> Contact Email Address: Email of the person identified in data line <030>	Eileen@Bodamer.com	

ANNUAL REPORTING FOR ALL CARRIERS
**54.313
Completion
Required**
**54.422
Completion
Required**

(check box when complete)

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 3006390H510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 3006390H610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 3006390H1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	300639
<015>	Study Area Name	THE NEW KNOXVILLE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

300639OH112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	300639
-------	-----------------	--------

<015>	Study Area Name	THE NEW KNOXVILLE
-------	-----------------	-------------------

<020>	Program Year	2016
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
-------	---------------------------------------------------------------	----------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
-------	---------------------------------------------------------------------------	-----------------

<039> Contact Email Address - Email Address of person identified in data line <030> Eileen@Bodamer.com

[illegible]

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	300639
-------	-----------------	--------

<015>	Study Area Name	THE NEW KNOXVILLE
-------	-----------------	-------------------

<020>	Program Year	2016
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
-------	---------------------------------------------------------------	----------------

<035> Contact Telephone Number - Number of person identified in data line <030> 7706491886 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> Eileen@Bodamer.com

<701> Residential Local Service Charge Effective Date

1/1/2015

<702> Single State-wide Residential Local Service Charge

9.1

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	300639
<015>	Study Area Name	THE NEW KNOXVILLE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	300639
<015>	Study Area Name	THE NEW KNOXVILLE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

<810>	Reporting Carrier	The New Knoxville Telephone Company
<811>	Holding Company	Not Applicable
<812>	Operating Company	The New Knoxville Telephone Company

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 300639
 <015> Study Area Name THE NEW KNOXVILLE
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Eileen Bodamer
 <035> Contact Telephone Number - Number of person identified in data line <030> 7706491886 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> Eileen@Bodamer.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes
 to confirm the status described on the attached document(s), on line 920,
 demonstrates coordination with the Tribal government pursuant to
 § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal
 community anchor institutions.
 <922> Feasibility and sustainability planning;
 <923> Marketing services in a culturally sensitive manner;
 <924> Compliance with Rights of way processes
 <925> Compliance with Land Use permitting requirements
 <926> Compliance with Facilities Siting rules
 <927> Compliance with Environmental Review processes
 <928> Compliance with Cultural Preservation review processes
 <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

NEEDS ASSESSMENT FOR TRIBAL DISCOUNT

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	300639
<015>	Study Area Name	THE NEW KNOXVILLE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

NEEDS FOR PUBLIC DISCLOSURE

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	300639
<015>	Study Area Name	THE NEW KNOXVILLE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

300639OH1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	300639
<015>	Study Area Name	THE NEW KNOXVILLE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
 <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
 <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
 <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
 <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
 <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

REDACTED FOR PUBLIC DISCLOSURE

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	300639
<015>	Study Area Name	THE NEW KNOXVILLE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

300639OH3010.pdf

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.



300639OH3012.pdf

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)



- (3014) If yes, does your company file the RUS annual report

(Yes/No)



Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)



- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No)



If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications



- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



- (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit



If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,



- (3023) Underlying information subjected to a review by an independent certified public accountant



- (3024) Underlying information subjected to an officer certification.



- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



300639OH3026.xlsx

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

NEEDS FOR PUBLIC DISCLOSURE

(3000) Rate Of Return Carrier Additional Documentation (Continued)

PCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Data Collection Form

<010> Study Area Code	300639
<015> Study Area Name	THE NEW KNOXVILLE
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035> Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	300639
<015> Study Area Name	THE NEW KNOXVILLE
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Bileen Bodamer
<035> Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Bileen@Bodamer.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0619 July 2013
-----------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	300639
<015> Study Area Name	THE NEW KNOXVILLE
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035> Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Eileen Bodamer</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Eileen Bodamer
Name of Reporting Carrier:	THE NEW KNOXVILLE
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/26/2015
Printed name of Authorized Officer:	Susan Quellhorst
Title or position of Authorized Officer:	Controller
Telephone number of Authorized Officer:	4197535012 ext.
Study Area Code of Reporting Carrier:	300639 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	THE NEW KNOXVILLE
Name of Authorized Agent or Employee of Agent:	Eileen Bodamer
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/26/2015
Printed name of Authorized Agent or Employee of Agent:	Eileen Bodamer
Title or position of Authorized Agent or Employee of Agent:	Authorized Agent
Telephone number of Authorized Agent or Employee of Agent:	7706491886 ext.
Study Area Code of Reporting Carrier:	300639 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	300639
<015>	Study Area Name	THE NEW KNOXVILLE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com

[illegible]

NEEDS IED FOR PUBLIC DISCLOSURE

(800) Operating Companies
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	300639
<015>	Study Area Name	THE NEW KNOXVILLE
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Eileen Bodamer
<035>	Contact Telephone Number - Number of person identified in data line <030>	7706491886 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Eileen@Bodamer.com
<810>	Reporting Carrier	The New Knoxville Telephone Company
<811>	Holding Company	Not Applicable
<812>	Operating Company	The New Knoxville Telephone Company

[illegible]

REDACTED FOR PUBLIC DISCLOSURE

The New Knoxville Telephone Company
300639OH112

Five Year Network Improvement Plan

REDACTED

New Knoxville Telephone Company – Line 510

New Knoxville Telephone Company
47 CFR§54.313(a)(5) Certification that it is complying with applicable service quality
standards and consumer protection rules
Voice and Broadband Services

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.” The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.² In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”

New Knoxville Telephone Company (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules for both its voice and broadband offerings. The Company is subject to consumer protection obligations the Public Utility Commission of Ohio Telephone Company Procedures and Standards (“PUCO”) Chapter 4901. These obligations include, but are not limited to, the following:

(1) filing a Local Exchange Tariff pursuant to the requirements of PUCO Chapters 4901:1-6-11, and 4901:1-6-11, which discloses rates, terms and conditions of service to customers;

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.”

New Knoxville Telephone Company – Line 510

(2) compliance with notice for changes in rates and services pursuant to PUCO Chapters 4901:1-6-04 – Application and Notice Filings and PUCO 4901:1-6-07 – Customer Notice Requirements;

(3) adherence to Ohio state consumer protection requirements governing telephone providers which include Consumer protections as identified in PUCO Chapter 4901:1-6-12 – Service Requirements, PUCO 4901:1-6-16 – Unfair or Deceptive Acts and Practices, and Compliance with Anti-Slamming Procedures Slamming as adopted in PUCO 4901:1-6-18,;

(4) truth-in-billing requirements as required in PUCO 4901:1-6-17;

(5) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy; and

(6) Records maintenance and service objectives reporting required under PUCO 4901:1-6-30.

The Company actively complies with state and federal consumer protection requirements for broadband services as may apply. Per its understanding of its requirements, the Company discloses its network management practices, performance, and commercial terms of service to its existing and potential subscribers.

The Company is staffed during normal business hours to respond in real time to consumer inquiries and provides 24-hour access to repair services either through real time response or through on-call paging response. All governmental inquiries, including those of the Ohio Consumer Council, are responded to within one business day depending on the nature and date and time of the inquiry.

New Knoxville Telephone Company – Line 610

New Knoxville Telephone Company
Demonstration of Ability to Function in Emergency Situations
Voice and Broadband Services
47, Part 54, Subpart C, §54.202(a)(2)

New Knoxville Telephone Company (“Company”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ as well as the Public Utility Commission of Ohio Telephone Company Procedures and Standards Chapter 4901:1-6-31. The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

To meet its requirements that it maintain functionality without external power, the Company has a generator for its single central office switch and keeps adequate fuel to insure continuous operations in a long term power outage. It also has eight-hour batteries that provide further back-up capability in its network. The Company’s has deployed redundant / diverse routing for critical network resources and maintains an affiliate arrangement for redirection of traffic in the event of facility damage. Both its broadband and voice networks enjoy access to this carrier diversity carrier and redundant routes, wherever practical. The ability to change its call routing also allows the Company to manage traffic spikes throughout its network, as emergency situations require.

Additionally, the Company maintains a written disaster recovery plan to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God, and has trained employees on emergency procedures.

¹ Demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

300639OH1010

The New Knoxville Telephone Company

**The New Knoxville Telephone Company
Certification with 47 C.F.R. § 54.313**

Pursuant to 47 C.F.R. § 54.313 The New Knoxville Telephone Company is required to provide:

A letter certifying that the pricing of the company's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The basic residential voice service benchmark rate is no more than \$47.48.¹ As shown below, the company is below this rate.

Basic Exchange Service:	\$ 9.10
-------------------------	---------

¹Public Notice, DA 15-470, released April 16, 2015

300639OH1210

Compliance Policy for Lifeline

FCC: 47 C.F.R. §54.422(a)(2)

PUCO: New Knoxville Telephone Company General Exchange Tariff

This Compliance Policy sets forth Company policies for our offering of the State and Federally-prescribed Lifeline programs to low-income customers within our service area. This Manual is just one part of our on-going effort to ensure that eligible consumers throughout our service area are aware of and can apply for the benefits of these programs. Further, these policies and guidelines support the internal educational and training efforts that we undertake so that we can inform potential customers of these programs.

General Information

1. One low-income credit is available per Household and is applicable to the primary residential connection only.
2. Lifeline customer may subscribe to any local service offering available to other residence customers.
3. CCR options with Full Toll blocking, if elected, will be provided at no charge to the Lifeline subscriber.
4. The deposit requirement is not applicable to a Lifeline customer who subscribes to full toll blocking. If a Lifeline customer removes full toll blocking prior to establishing an acceptable credit history, a deposit may be required. When applicable, advance payments will not exceed the connection and local service charges for one month.
5. The federal primary inter-exchange carrier charge (PICC) will not be billed to Lifeline customers who subscribe to full toll blocking and do not pre-subscribe to a long distance carrier(s).
6. A Lifeline subscriber's local service will not be disconnected for nonpayment of regulated toll charges. Local service may be denied for non-payment of local and miscellaneous service in accordance with Section 2 of this Tariff. Access to toll service may be denied for nonpayment of regulated tolls. A Lifeline subscriber's request for reconnection of local service will not be denied if the service was previously denied for non-payment of toll charges.
7. Lifeline is not available for resale.

300639OH1210

Eligibility

To be eligible for a Lifeline credit, a customer must be a current recipient of any one of the following low-income assistance programs or have income at or below 150 percent of the Federal Poverty Guidelines (*Refer to Application for details*)

1. Supplemental Security Income (SSI)
2. Supplemental Nutrition Assistance Program
3. Medicaid
4. Federal public housing / Section 8
5. Low Income Home Energy Assistance Program (LIHEAP)
6. Temporary Assistance to Needy Families program (TANF)
7. National School Lunch's free program (NSL)

All applications for service are subject to verification with the state agency responsible for administration of the qualifying program.

1. Proof of eligibility in any of the qualifying low-income programs should be provided to the company at the time of application for service. The Lifeline credit will not be established until the Company has received proof of eligibility. If the customer requests installation prior to the company's receipt of proof of eligibility, the requested service will be provided without the Lifeline credit. When eligibility documentation is provided subsequent to installation, the Lifeline credit will be provided on a going forward basis.
2. Proof of eligibility shall be in the form of an affidavit, certifying under penalty of perjury, that the subscriber is receiving benefits under one of the qualifying programs. It is the customer's responsibility to notify the company when the customer is no longer participating in any of the qualifying programs.
3. The company reserves the right to periodically audit its records, working in conjunction with the appropriate state agencies, for the purpose of determining continuing eligibility. Information obtained during such audit will be treated as confidential information to the extent required under State and Federal law. The use or disclosure of information concerning enrollees will be limited to purposes directly connected with the administration of the Lifeline plan.
4. When a customer is determined to be ineligible as a result of an audit, the company will contact the customer. If the customer cannot provide eligibility documentation, the Lifeline credit will be discontinued.

300639OH1210

Credit for Lifeline Service

1. Lifeline is provided as a monthly credit on the eligible residential subscriber's access line bill for local service. Service charges may be applicable for installing or changing Lifeline service.
2. Service charges do not apply for converting existing service to Lifeline.
3. The Lifeline credit passed through to the customer consists of:

	<u>Federal</u>	<u>State</u>
Lifeline Credit	\$9.25	\$3.50

NEW KNOXVILLE TELEPHONE COMPANY

Certification for Lifeline Service

Please read carefully and, using a pen or keying in – fill out completely

Date: _____

_____ Initial Application

_____ Recertification Application (for Annual Review – Continuing Eligibility)

Applicant Information:

Full Name: _____

Date of Birth: _____
 (Month) (Day) (Year)

Please provide the last 4 digits of your Social Security Number _____

Applicant Residential Address:

Number and Street: _____

City _____

State _____

Zip Code _____
 (No PO Boxes permitted)

Check one:

_____ The address listed is my permanent address

_____ The address listed is my temporary address

Program Participation and Certification

I certify under penalty of perjury that I or a member of my household meets the income-based or program-based eligibility criteria for receiving the Lifeline discount. I or a member of my household receives benefits from the following program (check only one program):

- ☐ TANF - Temporary Assistance for Needy Families/Ohio Works First
- ☐ Home Energy Assistance Program
- ☐ Medicaid
- ☐ General/Disability Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ SSDI – Blind and Disabled
- ☐ SNAP (Supplemental Nutrition Assistance Program)/Food Stamps
- ☐ Section 8 Federal Public Housing Assistance
- ☐ National School Free Lunch Program
- ☐ Eligibility based on income (see below for income criteria)

Along with this application, please attach or fax a photocopy (do not send an original) of one of the following:

- ☐ your current or prior year's statement of benefits from a qualifying state or federal program; or
- ☐ a notice letter of participation in a qualifying state or federal program; or
- ☐ a program participation document, for example, benefit card; or
- ☐ an official document indicating your participation in a qualifying state or federal program.
- ☐ for Income Eligibility you need to supply a copy of at least one of the following documents:
 - A prior year's federal or state tax return
 - Current income statement from employer or W-2
 - Three consecutive months of the most current pay stubs
 - The most recent Social Security statement of benefits
 - The most recent Veteran's Administration statement of benefits
 - The most recent retirement/pension statement of benefits
 - The most recent Unemployment or Worker's Compensation statement of benefits
 - Any other legal document that would show your current income (such as a divorce decree or child support document)

Income Eligibility Guidelines

The following chart can be used to determine eligibility for the Lifeline discount program based solely on income level. You may qualify for the Lifeline discount program if your household annual income is at or below 150% of the Federal Poverty Guidelines. A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

The chart below lists the annual income amount that cannot be exceeded in order to qualify based on household size. If the annual income amount for your household size is more than the amount shown on the chart below you do not qualify for the Lifeline discount based solely on income.

Please indicate the number of individuals in your household _____

2015 Annual Federal Poverty Guidelines

Household size	150%
1	\$17,655
2	\$23,895
3	\$30,135
4	\$36,375
5	\$42,615
6	\$48,855
7	\$55,095
8	\$61,335
For each additional person, add	\$6,240

Please Read and Certify the Following Program Rules

The Lifeline discount program is a federal benefit and willfully making false statements to obtain this benefit can result in fines, imprisonment, de-enrollment or being barred from the program. *New Knoxville Telephone Company* is required by the Federal Communications Commission, or FCC, to verify your eligibility to participate in the Lifeline discount program.

Under penalty of perjury you must certify the following statements are true to the best of your knowledge. Please indicate your acknowledgement of each statement below by initialing.

Only one Lifeline discount is allowed per household, consisting of either wireline or wireless service. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of Federal Communications Commission rules and will result in your de-enrollment from the program, and potentially, prosecution by the United States government.

A household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

____ I certify my household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service.

Your name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service may be provided to the Universal Service Administrative Company (USAC - administrator of the Lifeline discount program) and/or its agents for the purpose of verifying your household does not receive more than one Lifeline benefit. You will be denied Lifeline benefits if you fail to provide New Knoxville Telephone Company with consent to provide the specified information to USAC.

____ I acknowledge and consent that New Knoxville Telephone Company may provide my name, telephone number, address and information contained in this application, as well as information associated with your Lifeline service to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I or another member of my household does not receive more than one Lifeline benefit.

____ I agree to allow New Knoxville Telephone Company to exchange any necessary information with the appropriate federal or state agency, or fund administrator, to verify my eligibility to participate in the Lifeline discount program. Lifeline service is a non-transferable benefit. You may not transfer your Lifeline service to any individual, including another eligible low-income consumer.

____ I agree not to transfer my Lifeline discount benefit to another person.

____ I agree to notify New Knoxville Telephone Company within 30 calendar days if I move to another address and to provide the new address.

____ I agree to notify New Knoxville Telephone Company within 30 calendar days if, for any reason, I or my household:

- No longer receive benefits from the federal or state program that qualified me for the Lifeline discount program.
- Annual household income exceeds the Federal Poverty amount listed on page 3 that qualified me for the Lifeline discount program.
- Receives more than one Lifeline benefit or another member of my household is receiving a Lifeline service.

I acknowledge that I will be required to recertify my continued eligibility for Lifeline at any time and my failure to recertify will result in de-enrollment and termination of my Lifeline benefits.

_____ I agree to participate in the certification of my continued eligibility in the Lifeline discount.

_____ The information contained in this application form is true and correct to the best of my knowledge.

_____ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

I affix, under penalty of perjury, that the foregoing representations are true.

Applicant's Name (Please Print) _____

Telephone Number: _____

Applicant's Signature _____ Date _____

300639OH3010

The New Knoxville Telephone Company

**The New Knoxville Telephone Company
Certification with 47 C.F.R. § 54.313(f)(1)(i)**

Pursuant to 47 C.F.R. 54.313(f)(1)(i) The New Knoxville Telephone Company is required to provide:

A letter certifying that it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

The New Knoxville Telephone Company provides throughout its service area broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol. Its service is provided without usage limits and is reasonably comparable to comparable offerings in urban areas as determined in an annual survey. Requests for 4/1 service are met within the company's standard installation interval.

The New Knoxville Telephone Company Line 3012

The New Knoxville Telephone Company
47 C.F.R. §54.313(f)(1)(ii)

Pursuant to 47 C.F.R. §54.313(f)(1)(ii), the company is required to provide (ii) The number, names, and addresses of community anchor institutions to which the ETC newly began providing access to broadband service in the preceding calendar year.

The New Knoxville Telephone Company did not newly provide access to broadband service in the preceding calendar year to any community anchor institutes; all such entities were served prior to that year.

REDACTED FOR PUBLIC DISCLOSURE

The New Knoxville Telephone Company
300639OH3026

Financial Data

REDACTED